

Policy and Advocacy Committee Meeting Minutes April 10, 2009

Dept of General Services
The Ziggurat Building
77 Third Street, Suite #320
West Sacramento, CA 95605

Members Present

Gordonna DiGiorgio, Chair, Public Member
Renee Lonner, LCSW Member
Karen Roye, Public Member
Dr. Ian Russ, Chair, MFT Member

Members Absent

None

Guest List

On file

Staff Present

Paul Riches, Executive Officer
Kim Madsen, Assistant Executive Officer
Tracy Rhine, Legislation Analyst
Sean O'Connor, Outreach Coordinator
Kristy Schieldge, Legal Counsel
Christina Kitamura, Administrative Analyst
Michelle Eernisse, MFT Evaluator

Gordonna DiGiorgio called the meeting to order at 9:33 a.m. Christina Kitamura called roll, and a quorum was established.

I. Introductions

Audience, staff, and Committee members introduced themselves.

II. Review and Approval of the January 16, 2009 Policy and Advocacy Committee Meeting Minutes

Kim Madsen noted the following corrections: on page one, omit Sean O'Connor and Christina Kitamura under Staff Present, and add Kim Madsen under Staff Present.

Renee Lonner moved to approve the January 16, 2009 Policy and Advocacy Committee Meeting minutes as amended. Ian Russ seconded. The Committee voted unanimously (4-0) to pass the motion.

III. Discussion and Possible Action Regarding Pending Legislation Including:

A. Assembly Bill 244 (Beall)

Tracy Rhine presented a brief analysis of AB 244, the Mental Health Parity Bill. The Committee recommended a position of support on identical legislation last year, and the Board took a formal position of support.

This bill requires health care service plan contracts which provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and treatment of mental illnesses. The bill defines “mental illness” as a mental disorder defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV.

Last year, the Federal Mental Health Parity Bill was passed. Questions were raised about the need for the State Mental Health Parity Bill when the Federal Mental Health Parity Bill already exists. The difference is that the federal legislation requires health plans that already covered mental health illnesses to provide certain parity. The state legislation expands parity requirements to all health plans.

Karen Roye moved to recommend to the Board to support AB 244. Ian Russ seconded. The Committee voted unanimously (4-0) to pass the motion.

B. Assembly Bill 484 (Eng)

Ms. Rhine presented a brief analysis of AB 484 regarding suspension of occupational and professional licenses for unpaid tax liability. This legislation is identical to last year’s legislation. This bill would allow the Franchise Tax Board to suspend the licenses of those who have unpaid tax liabilities. The same issue from last year’s legislation is in this year’s version: the ability of another entity taking disciplinary action against BBS licensees. This could cause several issues, one being confusion for consumers and practitioners regarding license status. The second issue is the unintended consequences of BBS licensees not being able to practice in a profession that is greatly impacted.

Last year, the Board took a position of oppose unless amended to delete the current language and instead model the bill on the existing practice for child support obligations set forth in Family Code section 17520, which allows the Board to take action upon notification that a licensee is out of compliance with child support orders.

Renee Lonner moved to recommend to the Board to oppose AB 484 unless amended. Ian Russ seconded. The Committee voted unanimously (4-0) to pass the motion.

C. Assembly Bill 612 (Beall)

Ms. Rhine presented a brief analysis of AB 612 regarding Parental Alienation Syndrome. In 2007, there was a similar bill considered by the Committee and the Board. The Board did not take a position on this bill.

This bill would prohibit a court, in a proceeding to determine child custody, from considering a nonscientific theory, as defined, in the making of a child custody determination. The bill specifies Alienation Theory as a nonscientific theory.

Dr. Russ explained that Parental Alienation Syndrome was created by Richard Gardner, a psychiatrist and professor. His work on Parental Alienation Syndrome does not have any scientific validity.

Dr. Russ explained the issues with Alienation Theory and what makes this a dangerous piece of legislation. He stated that the people who are pushing this do not want the issue of parental alienation to come up at all, because their position is that “undoes” allegations of child abuse. This would limit the ability of custody evaluators to bring up the issues of how one parent might be alienating the other parent. This is

an attempt to stop that from happening. The problem is that if somebody writes a report that mentions the process of alienation, the report is going to get thrown out of family courts. Dr. Russ expressed a recommendation to the Board to not support this bill.

Renee Lonner moved to recommend to the Board to oppose AB 612. Ian Russ seconded. The Committee voted unanimously (4-0) to pass the motion.

D. Assembly Bill 681 (Hernandez)

Ms. Rhine presented a brief analysis of AB 681 regarding an exemption from the California Confidentiality of Medical Information Act (CMIA). This bill would allow a psychotherapist to disclose information related to the patient's outpatient treatment, if the psychotherapist in good faith believes the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a reasonably foreseeable victim or victims.

Current law prohibits a health care provider from releasing information that specifically relates to a patient's participation in outpatient treatment with a psychotherapist unless the requester submits a written request, signed by the requester, that includes: 1) the specific information relating to patient's participation in outpatient treatment and the intended use or uses of the information; 2) the length of time during which the information will be kept before being destroyed or disposed of; 3) a statement that the information will not be used for any other purpose other than its intended use; and 4) a statement that the person or entity requesting the information will destroy the information after the specified length of time.

This bill would provide consistency within the law, allowing for an exemption from the written request requirement in order to allow a psychotherapist to warn and protect a potential victim in a timely manner.

Ian Russ moved to recommend to the Board to support AB 681. Renee Lonner seconded. The Committee voted unanimously (4-0) to pass the motion.

E. Assembly Bill 1113 (Lowenthal)

Ms. Rhine presented a brief analysis of AB 1113 regarding Marriage and Family Therapist (MFT) Intern experience in the Department of Corrections and Rehabilitation. The current law governing correctional facilities allows a waiver of the licensure requirements for trainees in psychology and clinic social work; the waiver does not currently extend to MFT trainees. This bill allows licensure requirements for mental health practitioners employed with the state correctional system to be waived for a person to gain qualifying experience for licensure as a MFT.

Identical legislation was introduced last year, AB 2652 (Anderson). The Committee recommended to the Board to support this legislation; however, the bill was no longer viable at the time the Board considered a position on the bill, and therefore no formal position was adopted by the Board.

Karen Roye moved to recommend to the Board to support AB 1113. Ian Russ seconded. The Committee voted unanimously (4-0) to pass the motion.

F. Assembly Bill 1310 (Hernandez)

Sean O'Connor presented a brief analysis of AB 1310 regarding data survey requirements for healing arts boards. This bill requires specific healing arts boards in the Department of Consumer Affairs (DCA) to add and label as "mandatory" certain fields on an application for initial licensure or renewal.

Recently, the Office of Statewide Health Planning and Development (OSHPD) was mandated to create the Health Care Workforce Clearinghouse, which is responsible for the collection, analysis, and distribution of information on the educational and employment trends for health care occupations in the state. Since there is not enough data available that the clearinghouse has access to, this bill will mandate specific healing arts board to collect this type of information.

This bill lists boards that would be subject to the provisions of the bill; however, the bill's current language does not include the BBS. The author's staff indicates this was an oversight, and the BBS will be included in an amended version of the bill. In the most recent revision of the bill, the BBS was still not included.

Mr. O'Connor outlined other issues with the bill. The bill mandates that DCA collect this information. Administratively, DCA does not have the fields available in its database programs to collect the information. The bill also mandates collection of information on a license application or renewal application.

Ms. Schieldge stated that DCA cannot collect much of the highly personal data outlined in the bill's language. The other problem is that it's not something that is required for licensure but DCA would be required to collect it. From a legal perspective, it could be a problem. This is overly broad for the Board's purposes. When a statute is overly broad for its intended purposes for the Board's administration and jurisdiction, the courts do not like that. This will certainly hold up licensure renewal issues, and it will be difficult for the Board to enforce.

Renee Lonner moved to recommend to the Board to oppose AB 1310 unless amended. Karen Roye seconded. The Committee voted unanimously (4-0) to pass the motion.

The Committee adjourned for a short break at 10:46 and reconvened at 11:01 a.m.

G. Senate Bill 43 (Alquist)

Mr. O'Connor presented a brief analysis of SB 43 regarding the improvement of healthcare workforce and education data. This bill would authorize OSHPD to obtain labor market, workforce, and earnings data from the Employment Development Department (EDD), for use by the OSHPD Health Care Workforce Clearinghouse. This bill would also authorize healing arts boards, including the BBS, to collect information regarding the cultural and linguistic competency of its licensees and registrants. Personally identifiable information collected shall be confidential and not subject to public inspection.

Ian Russ moved to recommend to the Board to support SB 43. Renee Lonner seconded. The Committee voted unanimously (4-0) to pass the motion.

H. Senate Bill 296 (Lowenthal)

Ms. Rhine presented a brief analysis of SB 296, Mental Health Services. This bill would require every health care service plan that offers professional mental health services to establish an internet Web site to provide consumer, patient, and provider access to plan procedures, policies, and network provider information. This bill also requires health care service plans subject to this bill to issue a benefits card to each enrollee for assistance with mental health benefits coverage information. The benefits card must include information such as the name of the of the benefit administrator or health care service plan issuing the card, the enrollee's identification number, and a telephone number that enrollees may call 24 hours a day, seven days a week, for assistance regarding health benefits coverage information. The bill prohibits the health care service plan from printing on the card any information that may result in fraudulent use of the card and any information that is otherwise prohibited from being included on the card. The intent is to improve access to mental health services.

Geri Esposito, California Society for Clinical Social Work (CSCSW), added that this bill does not require anything that is not already required by law. It is intended to clarify language with regard to mental health. All plans must have a website and must have specific mental health information on the website. The law requires coordination of care between primary and mental health practitioners. The requirements in law are made more specific to mental health.

Ms. Esposito asked the Committee for its support of this bill as a consumer protection measure.

Ian Russ moved to recommend to the Board to support SB 296. Renee Lonner seconded. The Committee voted unanimously (4-0) to pass the motion.

I. Senate Bill 389 (Negrete McLeod)

Ms. Rhine presented an analysis of SB 389 regarding fingerprint submission. This has been discussed in past Committee and Board meetings. BBS currently has approximately 30,000 licensees who have not submitted electronic fingerprints to the Department of Justice (DOJ). The Board has submitted a proposed rulemaking that would require those licensees to submit electronic fingerprints to DOJ beginning October 1, 2009, by their upcoming license renewals. The rulemaking has been approved by DCA. The rulemaking has been filed with the Office of Administrative Law (OAL). The process takes 45 days before staff hears if it has been approved by OAL.

The language in SB 389 and the board's proposed fingerprint regulation are very similar. However, one major difference is that the Board-proposed regulation is not tied to license renewal. If a licensee fails to comply with the fingerprint requirements as set forth in the Board's current regulations, it is a citable offense; fingerprint submission is not a condition of renewal.

Another significant difference between the Board regulation and the bill before the Committee is the implementation timeline. The Board's regulation requires that all licensees and registrants subject to the regulatory requirements (those they have not submitted fingerprints previously or for whom an electronic record of their fingerprints do not exist with DOJ) to submit fingerprints by his or her license or registration renewal date that occurs after October 31, 2009. SB 389 fingerprint submission

requirement as a condition of renewal becomes operative for those renewing after January 1, 2011.

The Board's proposed regulation does not make fingerprint submission a condition of licensure or registration for a number of reasons. First, due to the nature of the work Board licensees perform and the populations they serve, the Board did not feel that it was appropriate to take these professionals out of the workforce for failure to submit fingerprints by their renewal date.

Second, if fingerprint submission is a condition of renewal, and certification is required on the renewal form, then all licensees, 90 days before the expiration of their license, would get a renewal form asking for certification of fingerprint submission. In the Board's case, 40,000 licensees who do not need to meet the new requirement will get a renewal form that asks for certification of fingerprint submission. The volume of inquiries that would result would be overwhelming to the Board staff and would take time away from processing new licenses and renewals. This could lead to fewer professionals being able to practice.

Ms. Rhine explained that these two issues are major concerns because, even if BBS regulation were approved, the legislation would supersede the regulation.

Mr. Riches added that this bill would require the Board to wait until January 2011 to begin the process. The budget act signed in February gives the Board four new staff positions to begin this work on July 1, 2009. Two of those positions were granted on a limited-term basis, so those positions will be eliminated by the time the legal authority is put in place. This will also create a workload problem at DOJ. The legislation could set the Board back by two years.

Ian Russ moved to recommend to the Board to oppose unless amended. Karen Roye seconded. The Committee voted unanimously (4-0) to pass the motion.

J. Senate Bill 543 (Leno)

Ms. Rhine presented an analysis of SB 543 regarding consent to mental health treatment for minors. This bill: 1) allows a minor who is 12 years of age or older to consent to mental health services on an outpatient basis or to a residential shelter facility if the minor is mature enough to participate intelligently in the counseling services or if the minor either would present a danger of serious physical or mental harm to self or other without receiving the services or if the minor is an alleged victim of incest or child abuse; 2) deletes the requirement that a professional person offering residential shelter services make his or her best efforts to notify the parent or guardian of the provision of services; 3) states that the mental health treatment or counseling of a minor shall include the involvement of the minor's parent or guardian if appropriate, as determined by the professional person or treatment facility treating the minor.

According to the bill's author, parental consent for mental health services can create a barrier, especially in prevention and early intervention programs where youth may not be experiencing serious physical or mental harm. This barrier is especially harmful to certain populations of youth including lesbian, gay, bisexual, and transgender (LGBT) youth. Many LGBT youth do not seek prevention or early intervention services due to the need for parental consent until there is a crisis.

One issue is that this bill would remove the right of a parent to consent to or be notified of mental health services that his or her child is receiving. Another issue is confidentiality. This bill presents questions as to the subsequent involvement of a minor's parent or guardian in services and what information can be released to the parent or guardian.

Janlee Wong, National Association of Social Work (NASW), stated that NASW is one of the sponsors of this bill. He stated that he disagreed with the Ms. Rhine's analysis of the author's intent. He explained that it has nothing to do with parental rights or confidentiality – instead it's about access to services, and access to service, as it is related to consumer protection, should be the Board's focus. Mr. Wong stated that something in the law is preventing these children from receiving treatment, and he believes it is because of the issue of parental consent.

Mr. Riches talked about the impact this has on the role of a parent. There are cultural and family situations that are problematic, and which prevent people from receiving help; however, this bill does not just apply to those situations. There is an issue when talking about counseling and psychotherapy services for a minor as young as 12 years old. Part of the right and obligation of a parent is to rear their child whether one agrees with it or not. This bill affects populations other than those populations that it is intended for. It is a tough balance in respecting the needs for parents to rear their children and for respecting the need for children to get care.

Ms. Schieldge explained that the courts have recognized the parent's rights in determining how they are going to medically treat their children. That is a liberty interest protected by the 14th Amendment to the U.S. Constitution and also the California Constitution. There is an issue with respect to constitutionality of depriving someone of their right to determine whether they are going to treat their child or not. When a right is restrained, the governmental objective has to be high and tailored to achieve the objective when infringing on someone's rights.

Dr. Russ does not have a position on the issue. He expressed that he has concerns regarding parental rights issues; however, he is concerned about LGBT youth who experience themselves as disenfranchised.

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), stated the CAMFT took a position of support; however, CAMFT expressed their fears to NASW. This could raise a lot of interest from family rights groups.

Ms. DiGiorgio expressed that she is comfortable with the allowing availability of care for this population and leaving it open on whether or not to involve the parents.

Mr. Riches responded that the law already provides access for this age group under certain threshold situations. This question is: What are the threshold situations? The proposed thresholds are very broad.

Ms. Roye expressed the importance of the broadness of the language for the population of youth that cannot involve their families. The language is broad enough to incorporate every family.

Ms. Lonner questioned the legality. She asked if this would emancipate the impacted minors. She also questioned if the minors are currently being turned away.

Ms. Esposito, CSCSW, commented that in her experience, the parents of the LGBT youth are fine, upstanding folks; they have a cultural and/or religious admonition against the direction that their child is choosing. The degree of shame and inner persecution that the child feels, and the community that the family is involved in, is what makes this population of youth have the highest suicide rate of any group. Ms. Esposito expressed that this is a critical bill.

Dr. Russ stated that he needs more time to ponder and discuss the specifics of this bill.

Dr. Russ moved to forward SB 543 to the Board for further discussion. Karen Roye seconded. The Committee voted unanimously (4-0) to pass the motion.

The Committee adjourned for lunch at 12:03 p.m. and reconvened at 12:47 p.m.

K. Senate Bill 638 (Negrete McLeod)

Ms. Rhine presented a brief analysis of SB 638 regarding board membership reconstitution. Existing law requires all consumer-related boards be subject to a Sunset Review every four years to evaluate and determine whether each board has demonstrated a public need for the continued existence of that board. It requires all boards to prepare a report to the Joint Committee on Boards, Commissions, and Consumer Protection (JCBCCP). The JCBCCP holds public hearings to receive testimony from the Director of Consumer Affairs, the board, the public and the regulated industry.

Over the past couple of years, the JCBCCP has not been funded. This has resulted in the Board's operative date being extended until January 1, 2011. At that point, the statute relating to the Board would be repealed, and the Board would become a Bureau.

This bill would terminate the terms of office for each member of the Board on an unspecified date and successor members would be appointed. This bill would delete the sunset review process. It would require the Board to prepare and submit a report to the appropriate policy committee of the legislature, and would require more specific information to be contained in that report. This bill would also abolish the JCBCCP and delete the requirement that the final report is made public and a hearing to discuss the recommendations be held by JCBCCP.

Ms. Rhine explained that SB 963, Chapter 385, Statutes of 2007 similarly streamlined the sunset review process by making board reconstitution automatic when a board becomes inoperative on a specified date. The Board took no formal position on this legislation. SB 963 was later amended to extend the inoperative date the Board, at which time the Board adopted a support position on the legislation.

Mr. Riches stated that there is a value to the Sunset Review process; it is one forum where you get legislative attention on a particular profession which is a valuable opportunity if the entity does not exist in a hostile political context. Mr. Riches explained that this should be a collaborative process. The pattern in the past has been to holistically review independent entities. There can be value and limitations to that. The limitation is that the review is in comparison against itself at some previous point of time. The biggest problem is that there is an absence of a central body such as the

JCBCCP. This sets up a situation where if there is a hostile political environment, both houses will be conducting separate reviews simultaneously with different conclusions that would need to be reconciled.

Discussion continued regarding changes that would take place if the Board became a Bureau.

Ms. Riemersma, CAMFT, stated that CAMFT did not take an official position on this bill, but assured that CAMFT will take an official position to oppose.

Dr. Russ moved to forward SB 638 to the Board for further discussion. Renee Lonner seconded. The Committee voted unanimously (4-0) to pass the motion.

L. Senate Bill 707 (DeSaulnier)

Ms. Rhine presented an analysis of SB 707 regarding alcohol and other drug counselor licensing. She explained that last year, discussion took place about AB 1367 and AB 239 which were the drug and alcohol counselor bills. Those bills regulated the profession in private practice. This year's bill, SB 707, actually regulates both practice in public facilities and private practice.

SB 707 creates three counselors in public facilities: supervised practitioner, advanced counselor who can practice without supervision, and a clinical supervisor. This bill creates a license for an alcohol and drug counselor in private practice. This bill provides that the Department of Alcohol and Drug Programs (ADP) shall administer and enforce the act, not the Board of Behavioral Sciences.

Ms. Rhine explained some of the issues: 1) The bill gives discretion to the ADP regarding the requirements for the practitioners. Regarding the private practitioner education requirements, the bill is quite general and not as detailed as last year's bill. 2) The practice of alcohol and drug counseling is ambiguous. A list of services is provided in the bill but not defined; therefore it is unclear if licensure is needed to perform some of the services. What activities fall under assessment, and would those activities fall under the scope of LCSWs and MFTs? 3) This bill creates a license to treat only one diagnosis. Where does "alcohol and other drug problems" end and another distinct diagnosis begin? Does the practitioner have the skills to know when something is outside of their scope?

Ms. Rhine stated that there are technical issues with the bill that the Board can address if it decides to suggest changes.

Ms. DiGiorgio stated that alcohol and drug problems typically come with another medical health issue. If someone is going to work in private practice and is required to have a Masters Degree, why would they get an alcohol and drug counselor license rather than an MFT or LCSW with a specialty in alcohol and drug addiction, and be able to treat the whole person?

Ms. Riemersma, CAMFT, expressed that she preferred that last year's language remain in this year's bill. As it is currently written, there are many problems. CAMFT's position on the bill is opposed unless amended.

Mr. Riches pointed out that the scope is an unexclusive scope of practice. Specifically, the language states that a person with a license may perform the services listed;

however, it does not state that a license is required to perform the services. Mr. Riches explained that the language provides for practitioners with radically different levels of preparation with identical scopes of practice. The only variance will be the setting and supervision. As a regulator, he is uncomfortable with a single diagnosis license. There will be a group of people providing services that are not accountable under the construct that the licenses that BBS issues are accountable.

Dr. Russ asked why the language was different from last year's bill. Mr. Riches responded that this language is different because it is sponsored by the ADP. Last year's bill was sponsored by the California Association of Alcoholism and Drug Abuse Counselors (CADAAC).

Jim Sellers, certified Chair of CADAAC, stated that there is a full analysis on their website regarding their concerns on the bill.

Ms. Rhine explained that last year's bill was vetoed because the Governor did not want two different standards, which was what the Board also addressed. This year's bill, she believes, is a response to that.

Dr. Russ suggested that BBS should have a conversation with ADP to discuss concerns with the bill.

M. Senate Bill 788 (Wyland)

Mr. Riches briefly reported that SB 788 regarding the Licensed Professional Clinical Counselors is a reintroduction of last year's bill except that everything has been pushed out a year to allow implementation. The Board supported this bill, and it is the same bill as last year.

Renee Lonner moved to recommend to the board to support SB 788. Karen Roye seconded. The Committee voted unanimously (4-0) to pass the motion.

Item VI was taken out of order to accommodate a guest speaker.

VI. Discussion and Possible Legislative or Rulemaking Action Regarding Experience Requirements for Licensed Clinical Social Workers

Mr. Riches reported that last year the board was contacted by an individual trying to obtain licensure as a clinical social worker. This individual first obtained a license as a marriage and family therapist and has practiced under that license for some time. Subsequently, the individual completed a Masters Degree in social work. Current law requires that this individual complete another 3200 hours of supervised experience prior to taking the licensing examinations. Given that this individual has already completed 3000 hours of supervised experience and now acts as both a therapist and a supervisor for marriage and family therapy interns and associate clinical social workers, it is difficult to construct a rationale for requiring the additional supervised hours.

Nicole Walford gave an overview of her scenario. Ms. Walford has been licensed as an MFT since 1998. She has been supervising MFT interns and associate clinical social workers (ASW) since 2001, and has a small private practice. She has been active in the field for a number of years. Because of current regulations, she can only supervise an ASW for up to 1500 hours. When the ASW can no longer obtain supervision from Ms. Walford at her current agency, they run the risk of losing the ASW in search for a LCSW. This is the reason why she is seeking licensure for LCSW.

Ms. Roye asked if a change can be made. Ms. Schieldge responded that the Board would need to propose legislative amendments to its statutes.

Mr. Wong stated that while this may sound reasonable, there is a statutory issue. He also pointed out that although the Board may think that all of the hours are the same, by statute they are not the same. For example, the LCSW hours require 1200 hours of client-centered advocacy, consultation, evaluation, and research.

Mr. O'Connor clarified that currently candidates are not mandated to earn hours in the area of client-centered advocacy in order to sit for the LCSW exam; current law permits up to 1200 hours in this area.

Mr. Riches stated that the analogy staff used when thinking about this situation is the example of someone coming to California from another state. A few years ago, the Board changed the eligibility statute for social work licensure. If an individual had at least two years of licensure in another state, the individual would satisfy the experience requirement and would be allowed to sit for the examination.

Ms. Lonner asked about the educational requirement. Mr. Riches responded that the basic requirement, a Masters Degree from an accredited school, remains the same for all social workers.

The Committee directed staff to draft language and bring it back to the Committee.

IV. Discussion and Possible Legislative or Rulemaking Action Regarding the Definition of "Private Practice" for Marriage and Family Therapist Interns and Trainees

Mr. Riches reported that current law prohibits MFT trainees from working in "private practice" settings and also prohibits MFT interns from working in a "private practice" after their initial six year registration period. However, there is no definition of what constitutes a "private practice" in either statute or regulation. In the past, the traditional definition of private practice has been thought of as independent practice, owned by a private practitioner seeing clients who are either paying for their own therapy or billing third party insurance. The Board is receiving inquiries from supervisors, trainees and interns about how to define a practice site that is owned privately by therapists but does not fit the traditional mold of an independent private practice. Some examples include agency settings, which may not be non-profit organizations but may be working under government contracts, and non-profit, privately owned agencies.

Ms. Riemersma, CAMFT, explained that this was never a problem in the past because the work settings were defined in great detail. Ms. Riemersma believes that the list of different work settings should be brought back. This list is good for trainees and interns, and there were very specific settings listed and defined. The list became very confusing for people, which resulted in the change in law. When the list existed, private practice meant it was a sole proprietorship, a professional corporation owned by a MFT or a mental health professional, or a partnership. The list was much clearer before the law was changed to simplify the law.

Mr. Wong, NASW, stated that a law change would be required to establish the long list of settings.

Ms. Schieldge stated that there are two ways to regulate these areas: 1) Prescriptive – develop the “laundry” list, and state that only these areas will qualify as a permissible setting; 2) Performance – develop general criteria and look at each case on a case-by-case basis. The Board may also do a combination of both. Ms. Schieldge agreed that there needs to be further clarification.

Dr. Russ added that clarification would be helpful to the schools that need to place trainees.

Mr. Riches preferred that the setting be defined in regulation rather than in the Business and Professions statute. He added that it could be defined by negation, defining it by what private practice setting is not.

The Committee directed staff to draft language and bring it back to the Committee.

V. Discussion and Possible Legislative or Rulemaking Action Regarding Supervised Experience Requirements for Marriage and Family Therapists

Mr. Riches reported that this is a continuation of a discussion that the Committee began in February. A discussion draft of changes to MFT experience requirements was provided. The issues discussed were: 1) Double counting the first 150 hours providing family therapy; 2) Combine existing limits on telephone crisis counseling and telemedicine into a single category with a maximum of 375 hours allowed; 3) Allow MFT interns to collect hours for client-centered advocacy; 4) Change the supervision ratio for post-graduate experience to parallel that required of ASWs; allow hours of experience to be gained in any category as a trainee.

Ms. Riemersma, CAMFT, suggested a change in the language on page two, part (A) to “For up to 150 hours of treating couples and families in conjoint or family therapy...”

Olivia Loewy, American Association for Marriage and Family Therapy (AAMFT), commented that the current wording may not encompass the significant others/partners in the room or establishes that more than one will be in the room. She expressed concern that the language is inclusive.

The Committee confirmed that the terms “family” and “couples” as well as “conjoint” covers significant others, partners and the whole concept of family.

Ian Russ moved to recommend to the Board that it sponsor legislation to change MFT experience requirements. Karen Roye seconded. The Committee voted unanimously (4-0) to pass the motion.

VII. Budget Update

Mr. Riches reported. Since last meeting, a budget has been signed for fiscal year 2009-2010. Business resumes as of July 1st, and there is no wait for a budget to be signed. The budget includes funding to move forward with the fingerprinting. There is a continuation of funding for the Mental Health Services Act (MHSA). The furloughs have changed significantly and will continue to change. Furloughs are now self-directed, and offices will not be closed two days each month. Employee pay is reduced by 10% in exchange for two days of leave per month. A bargaining agreement has been approved, which will reduce the furlough to one day a month and 5% pay reduction. The agreement is pending ratification by the Legislature, which will require a two-thirds vote to pass.

Mr. Riches talked briefly about the ballot measures to be voted on during a special election. Much of the budget agreement reached is contingent on passing ballot initiatives on a May 19th special election. If the initiatives do not pass, it results in an additional 6 billion dollar hole in the budget. According to the Legislative Analyst Office, projections are about 8 billion dollars less than what the budget was based on. The ballot initiatives are not polling near 50 percent. If those initiatives do not pass, we're looking at another 15 billion dollar problem after May 20th.

The Board has a very healthy fund reserve; however, the political environment may affect the Board through additional executive orders.

VIII. Legislative Update

The legislative update was provided for review. Ms. Rhine stated the Omnibus Bill now has a bill number, SB 821. SB 33, the MFT curriculum bill, is set to be heard in Senate Business and Professions on April 20, 2009.

Mr. Riches added that the Board will begin the MFT training program for MFT faculty made possible by MHSA funding.

IX. Rulemaking Update

The legislative update was provided for review. Ms. Rhine briefly reported that the fingerprinting regulation was approved by the department and agency, and has been submitted to the Office of Administrative Law. The disciplinary guidelines, approved by the Board in February, are awaiting agency approval.

X. Suggestions for Future Agenda Items

No suggestions were made.

XI. Public Comment for Items Not on the Agenda

No public comments were made.

The Committee adjourned at 2:54 p.m.